EPF Organisation with the Nationalised Banks. In order to provide prompt service to the subscribers a massive computerisation programme has been launched in the EPF Organisation. The Grievances Redressal Machinery has been strengthened and complaints are being monitored periodically.

(c) and (d) The Provident Fund Claims complete in all respects are required to be settled within 30 days from the date of receipt in the EPF Organisation.

(e) Does not arise.

[Translation]

Overcrowding in Government Hospitals

*17. SHRI RAM KRIPAL YADAV:

SHRI RAM TAHAL CHAUDHARY:

Will the PRIME MINISTER be pleased to state:

(a) whether the Government hospitals are facing serious problem of over crowding;

(b) if so, whether the Government have conducted any survey to know the seriousness of this problem due to which the available services are becoming disorganised;

(c) if not, the reasons therefor;

(d) whether the Government have formulated any scheme for the solution of this problem; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (e) The Government are aware of the problem of overcrowding in Government hospitals. While the number of hospitals has increased from 2694 (1951) to 13692 (1993), the number of dispensaries from 5306 (1951) to 28321 (1993) and the number of beds from 117179 (1951) to 834650 (1993) established both in the public and private sectors, this increase has not kept pace with the increase in population leading to overcrowding in Government hopitals which cater to the needs of less affluent sections of the society.

Health is a State subject and it is the responsibility of the State Governments to provide adequate medical facilities in the States keeping in view the felt need of the people and investing adequately in health sector.

The National Health Policy had laid adequate emphasis on the promotive and preventive aspects of health care with a view to reducing the total disease burden in the country. Overcrowding in Government hospitals is also due to lack of referral systems where patients could be screened at the primary health centres, sub-district and district level hospitals. A major programme for strengthening the sub-district and district level hospitals has been taken up by the States of Andhra Pradesh, Karnataka Punjab and West Bengal with World Bank assistance and it is proposed to cover more States in the subsequent phases of this project with a view to ensuring that there is proper screening of patients and facilities are provided at different levels of health infrastructure to prevent overcrowding in Government hospitals.

[English]

Legislation for Agricultural Workers

*18. SHRI S.S. RAGHAVAN:

SHRIMATI GEETA MUKHERJEE:

Will the Minister of LABOUR be pleased to state:

(a) whether the Government propose to bring a comprehensive legislation for the agricultural labourers in the country;

(b) if so, the details thereof and the reasons for inordinate delay in enacting a Central legislation to protect the rights of agricultural workers in the country;

(c) whether any survey has been conducted in regard to number of persons engaged as farm labourers in the country as on date; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI M.P. VEERENDRA KUMAR): (a) Yes, Sir.

(b) The proposed legislation seeks to provide for regulation of employment and conditions of service and to provide certain welfare measure to the agricultural workers. The delay so far has been due to the complexity and enormity of the task as also on account of the varying perceptions of the State Governments arising out of widely varying socio-cultural and agro climatic conditions, agricultural practices and employer-employee relationship prevailing in different States.

(c) and (d) Agricultural workers are enumerated alongwith general population in decennial census. According to 1991 Census, there were 74.6 million agriculture workers, 110 million cultivators and about 6 million workers engaged in allied activities.

Funds of Eradication of Malaria

*19. SHRI MURALIDHAR JENA: Will the PRIME MINISTER be pleased to state:

(a) the details of founds allocated to State Governments for eradication of Malaria during each of the last three years and its utilisation so far, State-wise;

(b) whether some State Governments have urged the Union Government that the funds allocated to them is meagre and due to financial constraint, the eradication programmes have been affected;

(c) if so, the details thereof; and

(d) the reaction of the Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) The Central assistance provided to the State Governments during 1994-95, 1995-96 and 1996-97 under the National Malaria Eradication Programme may be seen in the attached Statement.

(b) to (d) The National Malaria Eradication Programme (NMEP) is being implemented as a Category II Centrally Sponsored Plan/Scheme on 50:50 Cost Sharing basis between the Centre and the States.

The Central assistance is essentially in kind ie. drugs, selected insecticides and other material assistance. The State Govts are responsible for providing requisite staff, vehicles and other operational expenditure from out of their 50% share.

However, since December, 1994 the Seven North Eastern States are being provided 100% Central assistance.

Requests have been received from several States from time to time to raise Central financial assistance. Additional Central assistance in kind is provided in specific emergent/ outbreak conditions, keeping in view State demand, technical assessment through experts and availability of funds with the Central Govt. for the National Malaria Eradication Programme.

To supplement the limited budgetary resources under NMEP, a World Bank assisted Malaria control project has been successfully negotiated to cover essentially 100 districts in 7 Malaria Endemic States and 19 cities/towns in the country. This project envisages a financial outlay of Rs. 891.04 crores spread over a period of 5 years to be shared between World Bank (IDA soft window) and Govt. of India.

Statement

Central Assistance Provided to the States/UTs during 1994-95, 1995-96 & 1996-97 Under N.M.E.P.

(Rs. in Lakhs)

Sl. No.	Name of the State/UT	1994-95	1995-96	1996-97
1	2	3	4	5
1.	Andhra Pradesh	712.57	251.22	634.63
2.	Arunachal Pradesh	125.06	295.29	126.90
3.	Assam	540.78	2014.62	1660.83
4.	Bihar	385.11	133.08	206.76
5.	Goa	13.68	4.78	3.46
6.	Gujarat	970.06	848.19	471.75
7.	Haryana	341.84	195.32	327.77
8.	Himachal Pradesh	109.68	117.72	119.82
9.	Jammu & Kashmir	85.20	15.05	119.13
10.	Karnataka	476.65	463.42	853.62
11.	Kerala	51.88	51.57	53.65
12.	Madhya Pradesh	1682.01	1228.26	769.35
13.	Maharashtra	1121.65	1362.77	2405.71
14.	Manipur	105.71	350.00	303.28
15.	Meghalaya	84.85	322.87	201.97
16.	Mizoram	79.66	357.29	106.07
17.	Nagaland	150.11	364.87	122.45
18.	Orissa	236.08	434.76	248.15
19.	Punjab	377.52	325.12	282.79